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Date | August 16, 2006

PTO/SB/17 (01-06)

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Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Under Complete if Known ses pursuant to the Consolidated Appropriations Act, 2005 (Fi.R. 4818). 09/445,043 Application Number **TRANSMITTA** Filing Date March 20, 2000 For FY 2006 First Named Inventor Ian Baird-Smith **Examiner Name** R. Hylton Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3727 TOTAL AMOUNT OF PAYMENT 1,000.00 350013-65/US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None l Other (please identify): Check I Deposit Account Name: Oppenheimer Wolff & Donnelly Deposit Account Deposit Account Number: 50-1901 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES Small Entity** Small Entity Small Entity Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 Design 200 100 100 50 130 65 160 200 300 80 Plant 100 150 500 600 300 300 150 250 Reissue 0 200 100 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) <u>Fee (\$)</u> Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

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Other (e.g., late filing surcharge): Fee under 37 CFR 41.20(3) (Filing of a Request for Oral Hearing) \$1,000.00					
SUBMITTED BY					
Signature	Registration No. (Attorney/Agent) 34,950 Teleph	none 612.607.7595			

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

Number of each additional 50 or fraction thereof

(round up to a whole number) x

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

Total Sheets

4. OTHER FEE(S)

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Barbara A. Wrigley

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